

Date received: \_\_\_\_\_

# Congregation Shomrei Emunah – Yomim Noraim – 5779-2018 Reservation Form – Deadline is Friday, August 17, 2018

*Reminder: All past shul obligations must be paid or arrangements must be made to bring your account into compliance.*

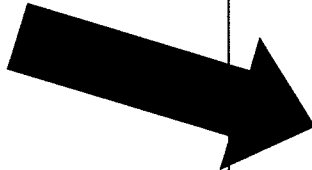
Name \_\_\_\_\_ Phone \_\_\_\_\_

Email Address: \_\_\_\_\_

## Seats

Please check use of seats box.

*Don't forget to specify which minyan you would like to attend*



## Members\*:

Check use of Seats:

Adults: M \_\_\_\_\_ F \_\_\_\_\_ @ \$200 = \_\_\_\_\_ RH YK Both

Students: M \_\_\_\_\_ F \_\_\_\_\_ @ \$125 = \_\_\_\_\_ RH YK Both

(over bar/bat mitzvah whose parents have purchased seats)

Child: M \_\_\_\_\_ F \_\_\_\_\_ @ \$85 = \_\_\_\_\_ RH YK Both

(age 6 to bar/bat mitzvah)

## Non-Members:

Adults: M \_\_\_\_\_ F \_\_\_\_\_ @ \$275 = \_\_\_\_\_ RH YK Both

Student/Child: M \_\_\_\_\_ F \_\_\_\_\_ @ \$150 = \_\_\_\_\_ RH YK Both

*Please total the reservations above, indicating how many seats you need in each minyan:*

**Main Minyan:** M \_\_\_\_\_ F \_\_\_\_\_

**Combined Aux. Minyan & 8 :15 Minyan (social hall)**

M \_\_\_\_\_ F \_\_\_\_\_

## Seating Request

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Other payments

Additional payments toward shul obligations: Amount = \_\_\_\_\_

\*Member pricing is for full members and their non-married and married children. Please pay non-member pricing for all other relatives and guests.

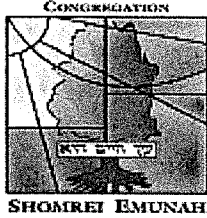
## Total Enclosed

**You may pay by check or credit card (Visa, MasterCard or Discover)**

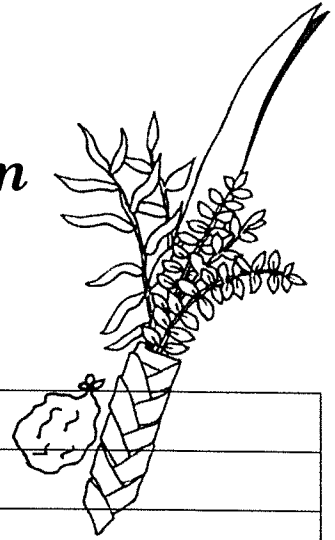
Credit Card #: \_\_\_\_\_ **Total =** \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_ Signature: \_\_\_\_\_

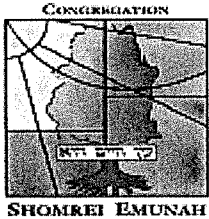
Address: \_\_\_\_\_ Zip: \_\_\_\_\_



# Arba Minim Order Form



Name:		
Date:		
Phone Number:		
<b>\$49 Set</b>		
Qty with pitum:		Amount due: \$
Qty without pitum:		Amount due: \$
<b>\$69 Set</b>		
Qty with pitum:		Amount due: \$
Qty without pitum:		Amount due: \$
<b>\$39 Chinuch Set</b> (for children under bar/bat mitzvah)		
# of sets: (only available with pitum)		Amount due: \$
<b>Total Amount Due: \$</b>		
<b>Payment Details</b>		
Pay with Check: \$	Pay with Cash: \$	
Pay with Credit Card: #	exp. date:	security code:
<b>ALL ORDERS MUST BE ACCOMPANIED BY PAYMENT.</b> <i>We cannot accept any orders without payment.</i>		
<b><i>Deadline: Friday, August 17, 2018</i></b>		



# Book of Life Form

July 2018

Dear Shomrei Emunah Family,

It is the custom of our Shul to maintain a Book of Life in which the names of departed loved ones are memorialized as part of our Yizkor services four times a year. Part of that prayer specifies the giving of charity in memory of the person whose name is remembered. Memorializing your loved ones in the Book of Life is a way of fulfilling this Mitzvah. This Book of Life also contains tefilos appropriate for the occasion, Moleh Rachamims for the Martyrs of the Holocaust, as well as the fallen members of the Israel Defense Forces and the Victims of Terror.

**PLEASE NOTE:** In the interest of moving our services along at a pace acceptable to all, the reading aloud in shul of each name included in this book will occur on Yom Kippur only. During the other holidays, a single inclusive Moleh Rachamim will be recited.

Sincerely,

David Zuckerbrod, on behalf of the Religious Services Committee

**Name:** \_\_\_\_\_ **Tel#.** \_\_\_\_\_

Please list **CLEARLY ALL NAMES** (previously listed and new) to be listed in the Book of Life:

English	Hebrew <i>(Please include father's name)</i>		
_____	_____	<input type="checkbox"/> previous	<input type="checkbox"/> new
_____	_____	<input type="checkbox"/> previous	<input type="checkbox"/> new
_____	_____	<input type="checkbox"/> previous	<input type="checkbox"/> new
_____	_____	<input type="checkbox"/> previous	<input type="checkbox"/> new
_____	_____	<input type="checkbox"/> previous	<input type="checkbox"/> new
_____	_____	<input type="checkbox"/> previous	<input type="checkbox"/> new

**Total number of names listed this year:** \_\_\_\_\_ **@ \$36/name = \$** \_\_\_\_\_

**\*\*PLEASE SUBMIT THIS FORM TO THE OFFICE WITH PAYMENT\*\***

***DEADLINE: Friday, August 17, 2018***



# *Memorial Plaque Form*

July 2018

Dear Shomrei Emunah Family,

As we approach the Yomim Noraim, it is appropriate for our members to consider placing a memorial plaque on the Shomrei Emunah Memorial Wall for a dearly departed member of your family or friend.

The cost of a memorial plaque is \$250.00, and you may purchase two at \$450.00. A memorial plaque is an everlasting memorial to remember your loved one. On the yahrzeit each year a light is lit to commemorate the yahrzeit.

In order to guarantee that your plaque is up by the Yomim Noraim, please place your order by **Friday, August 17.**

Please fill out the form below and return to the office to order a memorial plaque.

Yahrzeit/Memorial Program

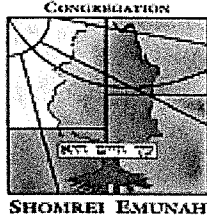
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\_\_\_\_\_  
Deceased First Name, Middle Initial, Last Name

\_\_\_\_\_  
Deceased Hebrew Name in Full

\_\_\_\_\_  
English Date (month/date/year)

\_\_\_\_\_  
Hebrew Date (month/date/year)



# *Kol Hanearim Chuppah Project*

July 2018

Dear Shomrei Emunah Family:

Our Kol HaNearim Chuppah project will once again continue this year.

**This project was coordinated with love and care by Laure Gutman A'H. This project is a part of her beautiful legacy and should be a zechus for her aliyas neshama.**

You can imagine the beautiful sight as the chuppah is brought in, held over the heads of our children and grandchildren, as the Kol HaNearim brachos are said. This will surely serve as one of the very special highlights of Yom Tov at Shomrei for generations to come.

As your family, Iy"H grows, you are invited to add more names to the chuppah - the chuppah is infinitely expandable. If you have already added your older children, don't forget to add the younger children.

Be part of this very special project, and look forward together with your family to this wondrous sight on Simchas Torah. Please fill in the attached form and send it to the shul office as soon as possible. The deadline is Friday, August 17.

We look forward to your participation in this very unique project.

**CONGREGATION SHOMREI EMUNAH**  
**KOL HANEARIM CHUPPAH PROJECT**

***DEADLINE: Friday, August 17***

<b>Name:</b>	
<b>Address:</b>	
<b>Phone:</b>	
<b>E-mail:</b>	

**We would like the following Hebrew names on the chuppah** *(please write names in Hebrew):*

HEBREW FIRST NAME	HEBREW LAST NAME
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

**TOTAL: # \_\_\_\_\_ names @ \$36 each =**

**SPONSORSHIP**

*We would like to be a sponsor (@ \$500). Please display our name in Hebrew as follows:*

Please submit this form to the shul office with a check made out to Shomrei Emunah for the full amount

Or

If you prefer, you can charge the full amount to your credit card:

Card Number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Billing address: \_\_\_\_\_